

### PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Allen Gaither</u>
Date Requested:	<u>1/28/2016</u>
Facility Name and Permit ID	<u>Louisiana-Pacific Corporation, 9703-INDUS-1981</u>
Applicant (Owner) Name	<u>Louisiana-Pacific Corporation</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input type="checkbox"/> (2)b. Amendment – Renewal/Review <input type="checkbox"/> 5YR <input type="checkbox"/> 10YR <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans ( <b>No CHR</b> ) <input checked="" type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> ) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	<u>~18,000 TPY</u>
Permit Fee	<u>\$1500</u>
Date Application Received	<u>1/21/2016</u>
Contact Name, Title & Phone #	<u>Mr. Roy Hart, Environmental, Safety &amp; Health Manager</u>
Email Address	<u>(336) 696-3464, roy.hart@lpcorp.com</u>
Company	<u>Louisiana-Pacific Corporation</u>
911 Address	<u>1151 ABTCo Road, North Wilkesboro, NC 28659</u>
Mailing Address	<u>PO Box 98</u>
City/State/Zip	<u>Roaring River, NC 28669</u>
Parent Company	<u>None</u>
Known Subsidiaries	<u>Unknown</u>
Other known names business has operated under	<u>Unknown</u>
Known Counties of Operation	<u>Wilkes</u>
Does the applicant have a past or current solid waste permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>INDUS</u> Permit #: <u>9703-INDUS-1981</u>
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other notes	<u>PTO for Phase 3B</u>

## PERMIT APPLICATION REVIEW TRACKING

### Clock Start

Date Application Received	1/21/16
Application ID #	SW016 - 0009

### Review Form Submission

Date Application Review Form Submitted	1/28/16
Submitted to Accounting Tech	Yes <input checked="" type="checkbox"/>
Submitted to Compliance Officer	Yes <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>

### Accounting Clock

Invoice Date	1/28/16	# of Days
Deposit Date	2/3/16	6

### CHR Clock

CHR Complete	Yes <input type="checkbox"/>
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### Application Review Clock

Completeness Determination Letter - Incomplete		
Completeness Determination Letter - Complete		
Engineering Technical Review Letter #1		# of Days
Engineering Technical Review Response #1		
Engineering Technical Review Letter #2		# of Days
Engineering Technical Review Response #2		
Hydro Technical Review Letter #1		# of Days
Hydro Technical Review Response #1		
Hydro Technical Review Letter #2		# of Days
Hydro Technical Review Response #2		
Draft Permit		
Permit to Construct Issued		
CQA Received		# of Days
CQA Reviewed		
Permit to Operate Issued	2/4/16	14